

EXHIBIT 25

**TENNESSEE DEPARTMENT OF LABOR AND
WORKFORCE DEVELOPMENT**

Division of Employment Security
220 French Landing Dr
Nashville, TN 37243-1002
LWDSUPPORT.TN.GOV

**DISQUALIFYING SEPARATION
DETERMINATION**

Claimant/Job Seeker:
JOYCE GOODWIN

Claimant SSN:
XXX-XX-7844

Claimant ID Number:
0000193534

Claim Effective Date (BYB):
01/05/2020

Claim Ending Date (BYE):
01/02/2021

Joyce A Goodwin
1779 Kirby Pkwy
#127
Germantown, TN 38138-0000

**IMPORTANT INFORMATION ABOUT YOUR UNEMPLOYMENT CLAIM
DISQUALIFYING SEPARATION DETERMINATION**

Mail Date: 01/28/2020

Dear Joyce A Goodwin,

We have completed a review and investigation of your claim for unemployment benefits referenced above. We have determined that you were discharged.

You were discharged from your most recent work, Methodist Healthcare on 12/5/19 due to violating company policy. The employer has shown that you processed a check requisition without the supporting documentation on file. It was determined that you approved fraudulent funds with little cause for urgency or detail. Since you violated the company policy by mismanaging the funds, the agency finds work-related misconduct.

The information we have shows that your separation **does NOT** meet Tennessee Code Annotated 50-7-303(a)(1) and 50-7-303(a)(2) requirements for receipt of benefits. This means that **you do NOT qualify for unemployment benefits**. This disqualification is effective **01/05/2020** to **01/02/2021**.

You may re-qualify for benefits by working and earning wages equal to \$2,750.00. Any wages used to re-qualify for benefits must be earned after 01/05/2020 and your separation must be for non-disqualifying reasons.

Please see the full text of the applicable law, Tennessee Code Annotated 50-7-303(a)(1) and 50-7-303(a)(2).

Please note that METHODIST HEALTHCARE ASSOCIATERELATIONS is also being notified of this determination and may appeal this decision.

You have the right to appeal this determination.

You have 15 days from the mail date on this letter to file an appeal. This means your appeal **must be received or postmarked by 02/12/2020**. If you do not make that deadline, you lose the right to appeal this determination.

Want to appeal this determination?

See the back of this notice for instructions on how to file an appeal and other important information. **Filing an appeal online through JOBS4TN.GOV is the fastest option.** If you choose to submit your appeal by email, fax or postal mail, check "I appeal" below, print and sign your name, and provide information requested.

☐ **I appeal** Signature _____
Name (please print) _____
Daytime phone number _____
Address (if different than above) _____

SSN _____

